

Fill in this information to identify your case:

| | | | |
|---|-------------------------------|-------------|-----------|
| Debtor 1 | Brett J. Gardner | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Amy L. Gardner | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF WISCONSIN | | |
| Case number (if known) | 17-21032 | | |

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | Total claim | |
|-----|--|---|-------------------|
| 4.1 | Amex Nonpriority Creditor's Name Correspondence Po Box 981540 EI Paso, TX 79998 Number Street City State Zip Code | Last 4 digits of account number 3113 | \$8,184.00 |
| | | When was the debt incurred? Opened 12/14 Last Active 2/03/17 | |
| | | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? | <input checked="" type="checkbox"/> Other. Specify Credit Card | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1 **Brett J. Gardner**
Debtor 2 **Amy L. Gardner**

Case number (if known)

17-21032

| | | | |
|-----|---|--|--------------|
| 4.2 | Amex Nonpriority Creditor's Name Correspondence Po Box 981540 El Paso, TX 79998 Number Street City State Zip Code | Last 4 digits of account number 7393 | \$4,516.00 |
| | | When was the debt incurred? Opened 03/16 Last Active 1/03/17 | |
| | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent | |
| | <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated | <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed | |
| | <input checked="" type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Type of NONPRIORITY unsecured claim: | |
| | <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans | |
| | Is the claim subject to offset? | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Credit Card | |
| 4.3 | Barclays Bank Delaware Nonpriority Creditor's Name 100 S West St Wilmington, DE 19801 Number Street City State Zip Code | Last 4 digits of account number 3398 | \$18,422.00 |
| | | When was the debt incurred? Opened 07/06 Last Active 1/23/17 | |
| | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent | |
| | <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated | <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed | |
| | <input checked="" type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Type of NONPRIORITY unsecured claim: | |
| | <input checked="" type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans | |
| | Is the claim subject to offset? | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Credit Card | |
| 4.4 | bfs capital Nonpriority Creditor's Name 3301 N. University Dr. Suite 300 Pompano Beach, FL 33065 Number Street City State Zip Code | Last 4 digits of account number _____ | \$106,920.00 |
| | | When was the debt incurred? 2016 | |
| | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent | |
| | <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated | <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed | |
| | <input checked="" type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Type of NONPRIORITY unsecured claim: | |
| | <input checked="" type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans | |
| | Is the claim subject to offset? | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Business loan | |

Debtor 1 **Brett J. Gardner**
Debtor 2 **Amy L. Gardner**

Case number (if known)

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|-----|---|--|------------|
| 4.5 | Capital One Nonpriority Creditor's Name Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code | Last 4 digits of account number 0290 | \$4,650.00 |
| | Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | When was the debt incurred? Opened 08/03 Last Active 10/21/16 | |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card | | |
| 4.6 | Capital One Nonpriority Creditor's Name Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code | Last 4 digits of account number 1422 | \$4,636.00 |
| | Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | When was the debt incurred? Opened 03/06 Last Active 11/17/16 | |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card | | |
| 4.7 | Capital One Nonpriority Creditor's Name Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code | Last 4 digits of account number 8206 | \$4,421.00 |
| | Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | When was the debt incurred? Opened 07/04 Last Active 2/02/17 | |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card | | |

Debtor 1 **Brett J. Gardner**
Debtor 2 **Amy L. Gardner**

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4.8

Capital One

Nonpriority Creditor's Name

**Attn: General
Correspondence/Bankruptcy
Po Box 30285
Salt Lake City, UT 84130**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

7654

\$4,168.00

**Opened 05/04 Last Active
11/07/16**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

4.9

Capital One

Nonpriority Creditor's Name

**Attn: General
Correspondence/Bankruptcy
Po Box 30285
Salt Lake City, UT 84130**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

7983

\$3,703.00

**Opened 02/14 Last Active
11/11/16**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

4.1
0

Citicards Cbna

Nonpriority Creditor's Name

**Citicorp Credit Svc/Centralized
Bankrupt
Po Box 790040
Saint Louis, MO 63179**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

1636

\$5,386.00

**Opened 12/11 Last Active
11/02/16**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

Debtor 1 **Brett J. Gardner**
Debtor 2 **Amy L. Gardner**

Case number (if known)

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| | | | |
|---|---|--|--------------------------|
| <p>4.1 1</p> <p>Comenitycapital/crdcon Nonpriority Creditor's Name</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 3826</p> <p>When was the debt incurred? Opened 02/16 Last Active 12/16/16</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Charge Account</p> | <p>\$4,307.00</p> | |
| <p>4.1 2</p> <p>Discover Financial Nonpriority Creditor's Name</p> <p>Po Box 3025 New Albany, OH 43054</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | | <p>Last 4 digits of account number 9507</p> <p>When was the debt incurred? Opened 10/12 Last Active 11/06/16</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p> | <p>\$5,254.00</p> |
| <p>4.1 3</p> <p>Elan Financial Service Nonpriority Creditor's Name</p> <p>Po Box 108 Saint Louis, MO 63166</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | | <p>Last 4 digits of account number 0977</p> <p>When was the debt incurred? Opened 04/13 Last Active 11/01/16</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p> | <p>\$5,721.00</p> |

| | | |
|--|--|---------------------------|
| <p>4.1 4</p> <p>Kohls/Capital One Nonpriority Creditor's Name Kohls Credit Po Box 3043 Milwaukee, WI 53201 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 0029</p> <p>When was the debt incurred? Opened 11/85 Last Active 1/03/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Charge Account</p> | <p>\$1,094.00</p> |
| <p>4.1 5</p> <p>the fundworks, LLC Nonpriority Creditor's Name 15260 Ventura Blvd Suite 1430 Sherman Oaks, CA 91403 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number</p> <p>When was the debt incurred? 2016</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt</p> | <p>\$22,440.00</p> |
| <p>4.1 6</p> <p>U.S. Funding Services, LLC Nonpriority Creditor's Name</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt</p> | <p>\$10,000.00</p> |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| Total claims from Part 1 | 6a. Domestic support obligations | 6a. \$ 0.00 |
|--------------------------------|---|--------------------------|
| | 6b. Taxes and certain other debts you owe the government | 6b. \$ 0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. \$ 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. \$ 0.00 |
| | 6e. Total Priority. Add lines 6a through 6d. | 6e. \$ 0.00 |
| Total claims from Part 2 | 6f. Student loans | 6f. \$ 0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. \$ 0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. \$ 213,822.00 |
| | 6j. Total Nonpriority. Add lines 6f through 6i. | 6j. \$ 213,822.00 |

Fill in this information to identify your case:

| | |
|---|------------------|
| Debtor 1 | Brett J. Gardner |
| Debtor 2 (Spouse, if filing) | Amy L. Gardner |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN | |
| Case number (If known) | 17-21032 |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

12/15

Official Form 106I

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed
 Not employed

Debtor 2 or non-filing spouse

Employed
 Not employed

Occupation

Sales

Employer's name

Diamond Blade Warehouse

Common Ground Healthcare Cooperat

Employer's address

588 Lakeview Pkwy
Vernon Hills, IL 60061

120 Bishop's Way
Suite 150
Brookfield, WI 53005

How long employed there?

2 months

1 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| For Debtor 1 | For Debtor 2 or non-filing spouse |
|--------------|-----------------------------------|
|--------------|-----------------------------------|

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
3. Estimate and list monthly overtime pay.
4. Calculate gross Income. Add line 2 + line 3.

| | | | |
|--------|-----------------|-----|------------------|
| 2. \$ | 5,292.74 | \$ | 10,666.67 |
| 3. +\$ | 0.00 | +\$ | 0.00 |
| 4. \$ | 5,292.74 | \$ | 10,666.67 |

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|-------------------------|---------------------|--|
| Copy line 4 here | \$ 5,292.74 | \$ 10,666.67 |

5. List all payroll deductions:

- 5a. **Tax, Medicare, and Social Security deductions**
- 5b. **Mandatory contributions for retirement plans**
- 5c. **Voluntary contributions for retirement plans**
- 5d. **Required repayments of retirement fund loans**
- 5e. **Insurance**
- 5f. **Domestic support obligations**
- 5g. **Union dues**
- 5h. **Other deductions.** Specify: _____

| | | |
|------|------------------|--------------------|
| 5a. | \$ 870.76 | \$ 2,404.42 |
| 5b. | \$ 0.00 | \$ 0.00 |
| 5c. | \$ 0.00 | \$ 1,066.67 |
| 5d. | \$ 0.00 | \$ 0.00 |
| 5e. | \$ 0.00 | \$ 173.40 |
| 5f. | \$ 0.00 | \$ 0.00 |
| 5g. | \$ 0.00 | \$ 0.00 |
| 5h.+ | \$ 0.00 | + \$ 0.00 |

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6. \$ **870.76** \$ **3,644.49**

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$ **4,421.98** \$ **7,022.18**

8. List all other income regularly received:

- 8a. **Net income from rental property and from operating a business, profession, or farm**

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ **0.00** \$ **0.00**

- 8b. **Interest and dividends**

8b. \$ **0.00** \$ **0.00**

- 8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive**

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ **0.00** \$ **0.00**

- 8d. **Unemployment compensation**

8d. \$ **0.00** \$ **0.00**

- 8e. **Social Security**

8e. \$ **0.00** \$ **0.00**

- 8f. **Other government assistance that you regularly receive**

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.
Specify: _____

8f. \$ **0.00** \$ **0.00**

- 8g. **Pension or retirement income**

8g. \$ **0.00** \$ **0.00**

- 8h. **Other monthly income.** Specify: _____

8h.+ \$ **0.00** + \$ **0.00**

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9. \$ **0.00** \$ **0.00**

10. Calculate monthly income. Add line 7 + line 9.

10. \$ **4,421.98** + \$ **7,022.18** = \$ **11,444.16**

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____ 11. +\$ **0.00**

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. \$ **11,444.16**

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

- No.
- Yes. Explain: _____

Fill in this information to identify your case:

| | |
|---|-------------------------------|
| Debtor 1 | Brett J. Gardner |
| Debtor 2 | Amy L. Gardner |
| (Spouse, if filing) | |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF WISCONSIN |
| Case number | 17-21032 (If known) |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes. Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Do not state the
dependents names.

Son (full time student)

No

Yes

No

Yes

No

Yes

No

Yes

Daughter

No

Son

No

Yes

No

Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 3,065.00

Your expenses

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues

4a. \$ 0.00
4b. \$ 0.00
4c. \$ 200.00
4d. \$ 6.00
5. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

| | | |
|--|--|---|
| 6. Utilities: | 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Garbage pickuo & sewer | 6a. \$ 350.00 6b. \$ 80.00 6c. \$ 520.00 6d. \$ 70.00 |
| 7. Food and housekeeping supplies | 7. \$ 1,000.00 | |
| 8. Childcare and children's education costs | 8. \$ 410.00 | |
| 9. Clothing, laundry, and dry cleaning | 9. \$ 325.00 | |
| 10. Personal care products and services | 10. \$ 300.00 | |
| 11. Medical and dental expenses | 11. \$ 325.00 | |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ 816.00 | |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ 250.00 | |
| 14. Charitable contributions and religious donations | 14. \$ 100.00 | |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: | 15a. \$ 132.00 15b. \$ 0.00 15c. \$ 226.00 15d. \$ 0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Additional income taxes - payroll deduction is not enough | 16. \$ 150.00 | |
| 17. Installment or lease payments: | 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: | 17a. \$ 0.00 17b. \$ 0.00 17c. \$ 0.00 17d. \$ 0.00 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ 0.00 | |
| 19. Other payments you make to support others who do not live with you. Specify: | 19. \$ 0.00 | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues | 20a. \$ 0.00 20b. \$ 0.00 20c. \$ 0.00 20d. \$ 0.00 20e. \$ 0.00 |
| 21. Other: Specify: | 21. +\$ 0.00 | |
| 22. Calculate your monthly expenses | 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ 8,325.00 \$ \$ 8,325.00 |
| 23. Calculate your monthly net income. | 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. | 23a. \$ 11,444.16 23b. -\$ 8,325.00 |
| | 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. | \$ 3,119.16 |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? | For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. | Explain here: _____ | |

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